

## WORK PROCESS

<b>DEPARTMENT:</b> <u>Population Health and Clinical Operations</u> <del>Medical Management</del>	<b>DOCUMENT NAME:</b> Permanent Supportive Housing
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<b>INITIAL EFFECTIVE DATE:</b> Dec 2015	<b>REVIEWED/REVISED:</b> 12/15, 2/16, 10/16, 8/17, 7/18, 7/19, 5/20, 3/21, 2/22, <u>10/22</u>
<b>REVISED EFFECTIVE DATE:</b> <u>01/23</u>	
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b> LA.CM.21

### SCOPE:

Louisiana Healthcare Connections (LHCC) Medical Management department

**PURPOSE:** Louisiana Healthcare Connections (LHCC) will support the Permanent Supportive Housing program, which is a partnership between LDH and the Louisiana Housing Authority (LHA) to provide deeply affordable, community-integrated housing paired with tenancy supports that assist high-risk persons with disabilities to be successful tenants and maintain stable housing (Model Contract 2.7.14.1).

LHCC will work with PSH Program management to ensure an optimal network of qualified service providers trained by the LDH PSH Program staff or designee to provide tenancy supports across disability groups and certified to deliver services as defined in the PSH Provider Certification Requirements. (Model Contract 2.7.14.2.6)

### POLICY:

Permanent Supportive Housing (PSH) is community based supportive services provided to eligible enrollees along with safe, affordable, permanent housing. Permanent Supportive Housing (PSH) provides deeply affordable, community-integrated housing paired with tenancy supports that assist persons with disabilities to be successful tenants and maintain stable housing.

### WORK PROCESS:

#### A. Identification and Outreach

- a. LHCC will identify enrollees potentially eligible for Permanent Supportive Housing (PSH) services using one or more of the following data sources below and then make outreach to the enrollee to assess potential need for PSH services.
  - i. Enrollee self-referral
  - ii. Provider referral on behalf of enrollee
  - iii. Internal referral
  - iv. Roster of eligible enrollees provided by Louisiana Department of Health (LDH) through the PSH program. (Model Contract 2.7.14.2.1)

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- b. When housing needs are identified and enrollee is currently receiving Community Psychiatric Support and Treatment (CPST)/Psychosocial Rehabilitation (PSR) services from a Mental Health Rehabilitation (MHR) provider or Assertive Community Treatment (ACT) Services, Behavioral Health Case Management (BHCM) team will offer to assist enrollee in completing and applying for PSH.
- c. Within one (1) Business Day of receipt of a request from designated LDH PSH Program staff, provide accurate information about current and past Service Authorizations and encounters for an Enrollee, particularly for behavioral health services such as Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), and Assertive Community Treatment (ACT). ~~(Model~~(Model Contract 2.7.14.2.2)
- d. If behavioral health needs are identified, the BHCM ensures that the enrollee is linked to LHCC's Behavioral Health Care Management team. If enrollee is not currently receiving services through a MHR or ACT provider, the BHCM team will offer to assist the enrollee in connecting to an appropriate and accessible MHR or ACT provider and facilitate the assessment process. Once MHR or ACT eligibility is established, BHCM team will assist enrollee in completing and submitting an application for PSH services to LDH, if desired by both enrollee and PSH Provider.
- e. If medical needs are identified, the BHCM links the enrollee to LHCC's Medical Care Management team or Disease Management team, as appropriate. All outreach activities related to PSH services are documented in the enrollee's Clinical Documentation System, regardless of the status of enrollee's participation in the PSH program.

### *B. Prior Authorization*

- a. LHCC Utilization Management ensures a 2-day turnaround time for [KP3][PL2] prior authorizations of PSH tenancy and pre-tenancy supports as applicable. (Model Contact 2.7.14.2.3)
- b. Once approved, the BHCM will ensure a referral is completed by a BHCM ensures timely [KP3][PL4] provider for provider referral fo forr for

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enrollees who are approved by LDH for PSH program participation and are authorized for tenancy or pre-tenancy supports. This is based upon availability of housing.

### C. Care Coordination

- a. Once authorization<sup>[KP5]</sup><sup>[PL6]</sup> for services is complete, BHCM team ensures that tenancy supports are delivered in a timely and effective manner in accordance with an appropriate plan of care. If housing gets denied, it will go through the same appeals process as other levels of care ( See LA.UM.07) (Model Contract 2.7.14.2.4)
- b. BHCM team maintains active communication with enrollee's PSH provider and ensures that the Plan of Care (POC) accurately reflects enrollee's identified needs. BHCM team enrollees serve as the point of contact for enrollee, family and providers related to PSH services, and assists enrollees with resolving issues related to their PSH services. BHCM team will respond to service problems identified by PSH program management, including but not limited to those that place a enrollee's /tenant's housing or PSH services at risk.
- c. All care coordination activities related to PSH services are documented in the enrollee's Clinical Documentation System, regardless of the status of enrollee's participation in the PSH program.

### ~~D. Reporting<sup>[KP7]</sup>~~

- ~~a. LHCC will report on PSH outreach monthly and quarterly using a format to be provided by the LDH PSH program manager.~~
- ~~b. LHCC will work with PSH program management to assure optimal network of qualified service providers trained by the LDH PSH program staff or designee to provide tenancy supports across disability groups and certified to deliver services as defined in the PSH Provider Certification Requirements.~~

### E. LHCC PSH Program Liaison Responsibilities

- a. LHCC identifies a PSH program liaison, to be approved by LDH, to work with LDH PSH group staff to assure effective performance of LHCC responsibilities and requirements, effective implementation

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and delivery of PSH services, and to address problems or issues that may arise. (Model Contract 2.7.14.3.1)

- b. LHCC PSH Liaison will assist with statewide targeted outreach to enrollees/households who could benefit from PSH, including those enrollees least likely to apply. LHCC shall assure participation of staff appropriate and sufficient for effective representation on LDH-convened PSH outreach committees. (~~Model~~Model Contract 2.7.14.3.2)
- c. LHCC will develop, for approval by LDH PSH program staff, all required and/or requested written policies and procedures necessary to implement the PSH-related requirements of the Contract. Initial versions of PSH policies and procedures shall be submitted prior to readiness review. PSH program staff will work with LHCC to assure consistent policies and procedures across Managed Care Organizations. (Model Contract 2.7.14.3.3)  
LHCC PSH Liaison will participate in all PSH trainings required by LDH and will, at the request of LDH, require that relevant subcontractors to LHCC participate as well.

### REFERENCES

Current Louisiana Medicaid MCO Statement of Work:- Section 6: Core Benefit& Services

Louisiana Medicaid Managed Care Organization Statement of Work Emergency Contract dated September 5, 2019

LA.UM.07-Adverse Determination (Denials) Notices

### ATTACHMENTS

### DEFINITIONS:

<b>REVISION LOG:</b>	<b>DATE</b>
DHH and OAAS requested changes to work process to clarify the role of Program Specialist and more clearly state the specific	12/15

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services invoiced in PSH.	
Removed reference of report of enrollees receiving CPST/PSR	2/16
Changed "The Plan" to "LHCC" Changed "DHH" to "LDH" Removed reference to SharePoint Database	10/16
Added Behavioral Health Case Manager (BHCM) because they are now included as part of the process Added Assertive Community Treatment (ACT) Services because this is a Behavioral Health Process	8/17
Added RFP references to Line c & d under Work Process including "provide outreach to qualified enrollees" & removed "services to LDH, if appropriate and desired by the enrollee"; Added RFP reference to section B of Work process on line a (prior authorization) and added "tenancy" to this line. Corrected typo on section D: Reporting, removed H from LDHH.	7/18
Added PSH Liaison and BHCM Team as identified staff responsible; deleted work process language that was redundant; defined process for BH vs PH needs identified; 2014 RFP Reference Added	7/19
Updated all RFP References to reflect Emergency Contract references. Added response within one (1) working day of PSH request for information to LDH. Updated reporting requirements provided by the LDH PSH Program Manager Added language regarding optimal PSH network. Added Section E: LHCC PSH Liaison Responsibilities	5/2020
No revisions	3/21
<u>Changed "members" to "enrollees"</u> <u>Updated all Emergency Contract References to Model Contract References</u> <u>Revision to "purpose" to include verbiage from Model Contract 2.7.14.1</u> <u>Revision to enrollee information from Model Contract reference 2.7.14.2.1</u>	<u>10/22</u>

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<u>Changed contract reference from “Emergency Contract” to “Model Contract (2.7.14.2.3.)</u>	
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### *POLICY AND PROCEDURE APPROVAL*

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to a physical signature.